

United States District Court

SOUTHERN DISTRICT OF CALIFORNIA

Lycurgan, Inc., a California Corporation dba Ares
Armor

Plaintiff

V.

Todd Jones, in his official capacity as Director
of the Bureau of Alcohol, Tobacco, and Firearms
Enforcement

Defendant

Civil Action No. 14cv01679-JAH-JLB

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

B. Todd Jones, Director
BATF
99 New York Avenue, NE
Washington, DC 20226 USA

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an office or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) - You must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Scott A McMillan
4670 Nebo Drive
Suite 200
La Mesa, CA 91941

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 7/17/14



John Morrill

CLERK OF COURT

S/

C. Lopez

Signature of Clerk or Deputy Clerk

Civil Action No. 14cv01679-JAH-JLBDate Issued: 7/17/14**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))*

This summons for (name of individual and title, if any) B. Todd Jones, Director of BATF
was received by me on (date) July 21, 2014.

I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

I left the summons at the individual's residence or place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of the individual) B. Todd Jones, who is
designated by law to accept service of process on behalf of (name of organization) BATF--
Bureau of Alcohol, Tobacco and Firearms on (date) July 21, 2014, or

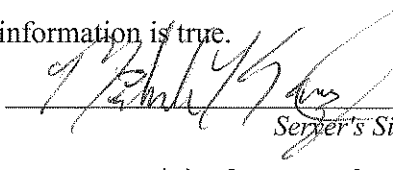
I returned the summons unexecuted because _____; or

Other (specify): Service by Certified Mail, return receipt, to the address indicated on the
Certified Mail Receipts, Attached hereto as Exhibit "A".

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

Date: August 6, 2014



Server's Signature

Michaela Kancel, Legal Assistant

Printed name and title

4670 Nebo Drive, Ste 200, La Mesa, CA 91941

Server's address

NOTICE OF RIGHT TO CONSENT TO TRIAL BY A UNITED STATES MAGISTRATE JUDGE

IN ACCORDANCE WITH THE PROVISION OF 28 USC 636(C) YOU ARE HEREBY NOTIFIED THAT A U.S. MAGISTRATE JUDGE OF THIS DISTRICT MAY, UPON CONSENT OF ALL PARTIES, CONDUCT ANY OR ALL PROCEEDINGS, INCLUDING A JURY OR NON-JURY TRIAL, AND ORDER THE ENTRY OF A FINAL JUDGMENT.

YOU SHOULD BE AWARE THAT YOUR DECISION TO CONSENT OR NOT CONSENT IS ENTIRELY VOLUNTARY AND SHOULD BE COMMUNICATED SOLELY TO THE CLERK OF COURT. ONLY IF ALL PARTIES CONSENT WILL THE JUDGE OR MAGISTRATE JUDGE WHOM THE CASE HAS BEEN ASSIGNED BE INFORMED OF YOUR DECISION.

JUDGMENTS OF THE U.S. MAGISTRATE JUDGES ARE APPEALABLE TO THE U.S. COURT OF APPEALS IN ACCORDANCE WITH THIS STATUTE AND THE FEDERAL RULES OF APPELLATE PROCEDURE.

Exhibit A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

B. Todd Jones, Director
BATF
99 New York Avenue, NE
Washington, DC 20226 USA

2. Article Number

(Transfer from service label)

7010 0780 0001 0324 1466

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Service Accepted in
Official Capacity Only

C. Date of Delivery

7/20/14

D. Is delivery address different from item 1?

☒ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**

Postage \$ \$5.60

Certified Fee \$3.30

Return Receipt Fee
(Endorsement Required) \$2.70Restricted Delivery Fee
(Endorsement Required) \$0.00

Total Postage & Fees \$ \$11.60

B. Todd Jones, Director

BATF

99 New York Avenue, NE
Washington, DC 20226 USA

Sent

Sire

or P

City

PSF

Instructions

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 _____ on (date) _____; or

I left the summons at the individual's residence or place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of the individual) Civil Process Clerk, who is
 designated by law to accept service of process on behalf of (name of organization) United States
Attorney's Office (San Diego, CA) on (date) July 21, 2014, or

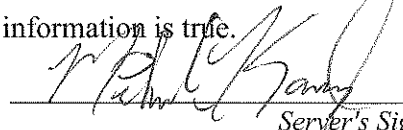
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Michael Kancel, Legal Assistant

Printed name and title

4670 Nebo Drive, Ste 200, La Mesa, CA 91941

Server's address

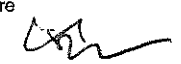
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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) 1540 0780 0001 0324 1473	C. Date of Delivery 7-22-14
Civil Process Clerk United States Attorney's Office 880 Front Street, Suite 6293 San Diego, CA 92101		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7010 0780 0001 0324 1473			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$5.60
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$11.60
Civil Process Clerk United States Attorney's Office 880 Front Street, Suite 6293 San Diego, CA 92101	
Sent _____ Street or P.O. _____ City, _____ State _____ Zip _____	

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_____ on *(date)* _____; orI left the summons at the individual's residence or place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; orI served the summons on *(name of the individual)* Attorney General of the United States, who is
designated by law to accept service of process on behalf of *(name of organization)* United States
Department of Justice (Washington, DC) on *(date)* July 21, 2014, or

I returned the summons unexecuted because _____; or

Other *(specify)*: Service by Certified Mail, return receipt, to the address indicated on the
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Michael Kanczel, Legal Assistant

Printed name and title

4670 Nebo Drive, Ste 200, La Mesa, CA 91941

Server's address

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1. Article Addressed to:

Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, D.C. 20530-0001

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent**X**☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

JUL 28 2014

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

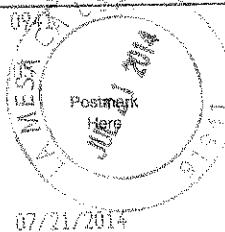
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20530

Postage	\$	\$5.60
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$11.60



7010 0780 0001 0324 1480

Sent

Street

or P.O.

City

PSN

Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, D.C. 20530-0001

Instructions